



North Central Regional Trauma Advisory Council

Position Statement: Guidelines for the Management of Suspected Blunt Spine Injury during Interfacility Transfer

1. Patients at high risk for spinal injury can often not be safely cleared just with a negative X-ray or CT scan. Because of this, high risk trauma patients should NOT be cleared from spinal precautions until they reach the hospital where they will receive definitive care.
2. The following conditions should be considered high-risk for spinal injury and managed with full spinal immobilization until arrival at the receiving trauma center:
 - Any clinical suspicion of spinal injury
 - Multi-system trauma or distracting injuries
 - Posterior midline spinal tenderness
 - Paresthesias
 - Intoxication or mental status changes
3. All patients transported with spinal immobilization should have padding with a commercial padding product or blankets on the backboard.
4. The following mechanisms of injury may place a patient at high risk of spinal injury:
 - Significant mechanism of injury and age > 65 years
 - Fall > 3 feet or 5 stair steps
 - Axial load injury
 - Motor vehicle crash \geq 55 mph
 - Unrestrained occupant of a vehicle rollover
 - Motor vehicle crash with intrusion \geq 12 inches
 - Ejection from vehicle
 - All-terrain vehicle, motorcycle or bicycle collision
5. This is intended to be used as a guideline. Individual clinical situations should be taken into account and discussed with the receiving physician.

Supported by Ministry Saint Joseph's Hospital Level II Trauma Center and Level II Pediatric Trauma Center and Aspirus Wausau Hospital Level II Trauma Center

Approved by NCRTAC General Membership 17 Jan 2013.